

RESIDENT SURVEY

Please print and complete this survey, then return it to my Binghamton office. This information will be held in strictest confidence, and will only be used to gather general information concerning health issues for residents who have lived or worked near the spill area. This information will not be shared with any health officials, government agencies, or media.

If you have any concerns regarding your privacy, please contact my Washington office at (202) 225-6335.

The mailing address for this survey is:

Rep. Maurice D. Hinchey
100A Federal Building
Binghamton, NY 13901
(607) 773-2768

Name: _____ Years at current address: _____
Age: _____ Are you a homeowner? _____
Sex: _____ Did you previously reside or work in Endicott?
Telephone: _____ If so, what years? _____ to _____
Current address: _____ Previous Endicott address: _____

*Please complete this section to the best of your ability. **This information will be kept private.***

Check all categories with the number of family members who have or had the medical issues listed.

Please indicate if any of these family members are deceased.

Type of Illness: _____

Cancer: Leukemia
Cancer: Breast
Cancer: Colo-rectal
Cancer: Lung
Cancer: Other _____
Neurologic Problems: Epilepsy
Neurologic Problems: Fainting
Neurologic Problems: Forgetfulness
Learning Disabilities
Cognitive Disorders
Breathing Problems
Chemical Sensitivities
Skin Rashes
Headaches
Other Health Problems:

Self	Spouse	Parent	Child	Grand-parent	Grand-child

Signature: _____ Date: _____